Alabama Medicaid Agency

Request for Information

April 1, 2007

Contact:
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Title: Assessment of Alabama's health and human services agencies' information systems and the identification of data sharing needs to include an evaluation of each partner agency's platform.

RFI Issuance Timetable:

Date	Activity
April 1, 2007	Release Request for Information (RFI)
April 1-30, 2007	Question and Answer Period
April 30, 2007	Deadline for submission of information
May 1-30, 2007	Review of RFI responses
June, 2007	Initiate ITB (and/or related approaches to secure sufficient services for timely and efficient implementation)

Synopsis:

In Alabama, the Alabama Medicaid Agency (ALMA) and other state health and human services (HHS) agencies are separate agencies that share data with the same limited approach in which healthcare is often delivered (e.g. fragmented, duplicated, and with insufficient information at the point of provider/patient decision). Shared patient/client information is not well-integrated electronically among ALMA and Alabama's other health and human services (HHS) agencies. Although there are instances of joint project success such as that of the Insure Alabama partnership between the Alabama Medicaid Agency, the Alabama Department of Public Health, and BlueCross BlueShield of Alabama at https://insurealabama.org/ that created a web-accessed joint application for SOBRA Medicaid, ALL Kids, Medicaid for Low Income Families (MLIF), and Alabama Child Caring Foundation, often, HHS agencies create programs and systems to serve their own specific organizational or accountability needs that are oftentimes duplicated among the agencies. This silo approach contributes to substantially higher costs and eligibility error rates, inappropriate billing, duplicated services, missed opportunities for efficiencies, and less than optimal service delivery approaches and outcomes.

The goal of ***Together for Quality*** is to develop a system of electronic communication that allows all HHS agencies to share information about common recipients efficiently and effectively. This system, referred to as the Alabama Health Information System (ALAHIS), will assist ALMA to support the coordination of services between the patient's medical home and specialty care providers, to better identify and eliminate fraud, and to implement provider and patient incentive programs that encourage compliance with chronic disease management protocols to improve health status and prevent further chronic disease complications.

Section 1-Request for Information:

The intent of this Request for Information (RFI) document is to solicit information from vendors and partners to the questions outlined in Section 4 ***Together for Quality*** Phase I, Planning and Development began on February 7, 2007 with the convening of the Stakeholder Council. Phase I will focus, in part, on the development of an architectural model and system design for statewide implementation of a clinical information-sharing system across all HHS agency systems and providers. This network is called the Alabama Health Information System (ALAHIS), and is planned for implementation between ALMA and at least one other HHS state agency by October 2008, and provides the foundation for future connectivity and interoperability among all HHS agencies and providers statewide.

This RFI requests technical and cost information from vendors interested in working with Alabama's ***Together for Quality*** stakeholders to develop the ALAHIS. The ALMA has put forth in this document as much detailed information as possible to provide potential responders with an overview of the ***Together for Quality*** project, including the ALAHIS. There is an opportunity for responders to ask questions during April 2007. All questions will be received via e-mail and all questions with responses will be posted on the website (www.medicaid.alabama.gov).

ALMA, the ***Together for Quality*** grantee, is releasing this RFI according to the schedule of activities herein. It is unclear at this time if a single intent to bid (ITB) will be issued or if formal negotiations and scope of work development will be the next step after the RFI review along with an ITB. That decision will be made after information is received and reviewed by ALMA and a sub-set of the ***Together for Quality*** Stakeholder Council.

Phase I, Planning and Development, work on the Patient Data Hub (PDH) has begun. The PDH will contain claims data. Also during Phase I, an assessment of Alabama's HHS agencies' electronic information systems, identification of data sharing needs and capabilities, and an evaluation of each HHS partner agency's platform will be conducted. After the evaluation has been completed and information needed to identify interoperability problems/solutions, a common identifier for Medicaid beneficiaries for data mapping will be developed. Rather than invest in developing new integrated systems within each agency, ***Together for Quality*** will develop an overlay (interface) that allows agencies to interact at appropriate security levels, one that could also provide for agency communication among disparate databases within their own organizations. An interface translates agency data elements into a format readable by other entities' systems creating a data system mapping that is transparent to the end user. In order to eventually include additional selected data in the PDH by

March, 2007 in an abbreviated claims-based electronic health record (EHR) used by medical home providers with the electronic clinical support tool-CST) that is accessible to the end user for use in improving the quality of care, a recorder locater service (RLS) between the PDH and the agency servers will be developed. The resulting interoperability among agencies will allow ALMA and stakeholders to effectively and efficiently verify eligibility determination, create efficiencies in the system, coordinate and improve services, and better manage the healthcare needs of Medicaid beneficiaries.

By April 30, 2007, ALMA is requesting information on the type of information or services your company can provide or develop, known sources of information, an estimate of the costs involved, and time for and method of retrieval. You may use Section 4 or submit information in an alternative format if desired.

Send information to:
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Section 2-Narrative:

Assessment

Through the use of information obtained by the eHealth Initiative Organizational Assessment Tool (OAT) and from worksheets contained within the American Health Information Association (AHIMA) Foundation of Research and Education (FORE) State Level Health Information Exchange Initiative Development Workbook, ALMA will determine the status of development of health information technology (HIT) among state agencies and healthcare providers in Alabama. ALMA will also determine which health care delivery systems are actively pursuing solutions to address inter-system data sharing.

Additionally, during February and March, 2007, the ALMA is conducting a telephone survey of a sample of medical home provider practices in Alabama to ascertain who has adopted use of InfoSolutions and whether they have also adopted some form of claims-based electronic health records (EHRs); and whether EHR use is widespread beyond practices owned by (or closely affiliated with) either hospital systems or large practices or practice groups in major population areas. It is necessary to know the reasons negative or positive relative to the use of the current PDH database and EHR adoption by Alabama practices to determine if these reasons

are similar to national perspectives: lack of financial incentive, lack of resources, and lack of technical expertise to select, implement and maintain a system.

Overview of Phase I

The ALMA, in collaboration with other organizations with a strong interest in quality, cost and access who have come together as the ***Together for Quality*** Stakeholder Council, now believes there is a window of opportunity during the duration of the ***Together for Quality*** project to bring together health care decision-makers to build a coordinated HIT infrastructure in Alabama.

The objective of Phase I is to lay the groundwork for the implementation of a statewide clinical information-sharing network to begin in 2008. Phase I is be an intense, highly coordinated effort over the next twelve months to develop the governance model, implementation and long range funding plan, and architectural model and system design for the ALAHIS. The work under Phase I will focus on the following areas:

Governance:

> The Policy Workgroup of the ***Together for Quality*** Stakeholder Council will establish operating rules for the council and all the workgroups, and identify and recommend an appropriate governing body to assume final responsibility for oversight, coordination, facilitation and management of the implementation and operation of the PDH and ALAHIS.

Consumer Engagement:

> The ***Together for Quality*** Stakeholder Council includes a Privacy Workgroup with consumer advocacy representation to address issues of confidentiality, consent for access to patient-specific data, and patient access to their own personal health record through the ALAHIS. One goal of the ***Together for Quality*** project is to use quality improvement indicators to target disease management education and quality improvement activities. Through this process Medicaid recipient use of services and chronic disease self-management could be improved as their confidence in the security and privacy of their personal health information is enhanced.

Technical Development:

The ***Together for Quality*** Stakeholder Council's Technical Workgroup will work with the ALMA staff to select an architectural design for the ALAHIS system, develop a functional system design document, identify the ALAHIS clinical data elements and a phase-in plan for data transfers, identify and develop an interface relationship with data sources, and identify the resource commitment required of pilot phase data users and provider participants. In order to assure an appropriate foundation for the development of a statewide health information network after the ***Together for Quality*** project ends, this workgroup's effort will include the review and consideration of the results of comparable states' health information network initiatives (HINs) or regional health information organizations (RHIO) and the assessment of current agency/provider HIT capabilities.

Quality Improvement (QI) Development:

The six Institute of Medicine (IOM) aims found in *The Quality Chasm*, 2001 will be used as a guide for the development of QI standards, which will be determined by the Clinical Workgroup. ALMA will provide to its medical home providers the support necessary to access a claims-based electronic health record (EHR) and a fully integrated electronic clinical support tool (ECST). Additionally, providers will be able to e-prescribe directly to the dispensing pharmacy in an environment fostering quality and efficiency at a level not attainable in the current paper based environment. ALMA will pursue inclusion of diagnosis on e-prescriptions, something not currently available in Alabama. Use of this enhanced ECST will empower physicians by giving them the information and data necessary for chronic disease management and monitoring medication utilization. ALMA will conduct statewide discussion forums with medical home providers to educate them on the disease and medication risk management information available through the ECST as well as how to access Medicaid's preferred drug list, generic and therapeutic options, prior authorization requirements, and medication history. With better knowledge of a Medicaid beneficiary's clinical history at the point of service, providers will have the opportunity to improve care. Further assistance to providers will come from at least two ALMA case managers for high risk recipients.

Funding and Business Plan Development:

The ***Together for Quality*** Stakeholder Council's Finance Workgroup will develop

a business plan for long-term sustainability based upon the final architectural model.

Objectives

Responses to questions in Section 4 should indicate your familiarity with Health Information Technology and the establishment of an interconnected set of servers, software, networks and security mechanisms across disparate systems to supply providers, patients and facilities with the ability to create and manage this complex interconnectivity in Alabama. The ALAHIS should be designed for "routine" point-of-care access and, at least in its earliest iterations, is not intended to be a primary source of information for emergency patient care. The system must have the capability to interface with well-known, commonly-used hospital and practice management systems for connectivity in the future.

An integrated information system of this kind will maximize the effectiveness of available technology to provide accurate and secure, clinical and administrative health care data to points of care in order to:

- Improve the quality of clinical care
- Identify potential threats to the public health
- Reduce duplication of services
- Improve clinical and administrative efficiency and effectiveness
- Allow connectivity to a regional and national network of interconnected healthcare data exchange and provide consumers with access to their personal healthcare information (future state)

An interconnected, secure data sharing network of healthcare providers, public health professionals, consumers, payers, and affiliated services would permit rapid access to patient-specific healthcare data at the point of care and across networks, hospital systems and state lines.

ALAHIS Principles

The following principles for the ALAHIS are being further developed and endorsed by stakeholders during March and April, 2007:

1. Patient privacy, system security and HIPAA compliance shall be the highest priorities in building and operating a statewide clinical information sharing system:
    i. Individually identified data shall remain the property of the individual and shall not be disclosed or disseminated to others without that individual's express written consent.
    ii. Any data accessed for the development of public health initiatives, clinical quality initiatives, and/or patient safety initiatives must be de-identified and remain under the control of the representative body.

2. Participation in the system shall be open to all individual health care providers and public health organizations that are involved in patient care and safety. Governance of the system shall be through a not for profit, existing or new organization that is based in Alabama, is focused on health information exchange and quality improvement, and is representative of all stakeholders.
3. Participation in the system shall be voluntary and include the right of any individual or organization to withdraw.
4. System operations shall be designed in a format that is driven by end-user physician value.
5. Priorities for clinical data elements that will be made available through a statewide information sharing system will be determined by the Clinical Workgroup of the ***Together for Quality*** Stakeholder Council. Data element selection will be evidence based and outcomes focused.
6. System operations shall be funded in a manner that does not compromise the above principles in any way.

Section 3-Technical Vision and Criteria:

Technical Vision

From a technical perspective, the statewide clinical information sharing system should be primarily focused on the sharing of clinical information while recognizing the potential for such a system to eventually develop administrative and public health functionality. This Technical Vision fully supports the ALAHIS Vision and Principles stated above. To that end, the system must:

1. Provide access to data that is clinically relevant, as determined by Alabama's clinicians;
2. Provide point of service access and timely response;
3. Be compatible with existing and planned information systems;
4. Be consistent with national IT direction and initiatives;
5. Be based upon and adhere to national and state data element and coding transaction standards, when such standards are available;
6. Follow existing and developing national and state interconnectivity standards;
7. Comply with privacy and security standards;

8. Guarantee accuracy, validity, and timeliness of data across all participating sites' standards, when such standards are available; and
9. Permit future expansion to eventually provide interconnectivity of all Alabama's healthcare delivery systems and provider sites.

System Criteria

ALMA prepared diagrams of four basic architectural models and a preliminary list of criteria for the statewide system for the Technical Workgroup, who reviewed and revised the criteria. The list of the adopted criteria appears below.

Integration with existing and planned systems:

1. Interface with existing and planned information systems in order to extract claims data.
2. Work with system vendors to accommodate new versions of supported systems as they are developed.
3. Support national and state standards for the transfer of clinical data where they exist.
4. Provide the necessary conversions for data that does not conform to national and state standards.
5. Build on existing network and Internet capability.
6. Provide a basic, easy-to-use front end that allows any clinician to access the system with minimal requirements. (For example: Internet connection, Web browser, Single log in)
7. Provide well-documented interface specifications to vendors of existing systems to build access to the ALAHIS system into their proprietary front ends.
8. Work with vendors of existing front ends to guarantee the interface to the ALAHIS system supports any existing or emerging data transfer standards.
9. Support both the automatic and manual submission of data.

Performance:

1. The process of extracting information from existing information systems will not adversely impact the performance of those systems.
2. The process of requesting/importing data from the ALAHIS system will not adversely impact network performance at the point of service.
3. System will be capable of responding to queries at point of service within ALAHIS adopted standards for timeliness.

4. System will be capable of extracting data from existing information systems in a timely manner required to present clinical data in a meaningful manner.
5. If access to ALAHIS system requires an Internet or WAN connection, sites will be responsible for their own Internet/WAN connection and for any impact that a slow or congested connection may have on the timely access to the ALAHIS system from their site.

Reliability/Compatibility:

1. The part of the system responsible for responding to point of service requests must be highly available. (standards for downtime, ability to re-route requests to alternate systems, etc).
2. Any ALAHIS equipment located at central site(s) must meet reliability standards.
3. Any ALAHIS equipment located at remote sites must meet specified reliability standards even if high-availability is not necessary.
4. Any ALAHIS equipment and software located at remote sites must be simple, easy to support, and maintain.
5. If access to ALAHIS system requires an Internet or WAN connection, the reliability of the system at any point of service will be limited by the reliability of the Internet/WAN connection at that location.

Integrity:

1. Data sources must demonstrate ability to assure accuracy of data within acceptable standards.
2. ALAHIS will attempt to identify and flag errors and inaccuracies in data from the data sources.
3. ALAHIS will guard against inaccuracies that may result from building a statewide system, e.g. duplicate patients, conflicting test results, identifying providers, etc.
4. A solid methodology for identifying unique patients across networks and provider sites will be identified and adopted.

Privacy and Security:

All HIPAA and Alabama state requirements will be met regarding patient authorization,

data privacy, and security. Site specific security requirements will be met. Strong user authentication standards will be developed, maintained, and clearly stated for all participants. Authorization standards for accessing data will be developed, maintained, and clearly stated for all participants. ALAHIS must maintain logs for specified time all access to clinical data on a patient by a user.

Cost:

1. Upfront/initial cost for ALAHIS must be identified and affordable.
2. Ongoing/monthly costs for ALAHIS must be identified and affordable.
3. Add on costs related to customized requests must be identified and managed by the ALAHIS.
4. Programming costs for building interfaces will be negotiated as one ALAHIS price.

Design Discussions (Key Success Factors)

Architecture:

At the outset of Phase I, the Technical Workgroup will review potential architectural models for the system. After developing and adopting the technical criteria, each model will be re-evaluated to determine its ability to support the criteria. The architectural drawings will be found in the Technical Workgroup report on the ALMA web site (www.medicaid.alabama.gov). It is recognized that other models may also successfully meet the Technical Criteria.

Patient Identification:

Frequently referred to as "master patient index", the MPI is a mechanism to uniquely identify each patient in a system and is one of the key components required to ensure accuracy of data. This is essential so that data from different sources can be mapped reliably to the appropriate patient. The assessments conducted early in the ***Together for Quality*** project will help to identify the status of which partners have developed or are in the process of developing an MPI, the ALAHIS must have such a mechanism that functions on a statewide level and does not require participating organizations to change or replace their internal MPI systems. Other provider sites may be using a billing ID number as a unique identifier for their patients and have no MPI link at this time. The ALMA recognizes that a significant amount of procedural work will be needed for the statewide MPI implementation.

Patient Privacy and Confidentiality

No information is more sensitive than the information resulting from a clinical encounter between patient and provider. This fact has been reinforced by regulations established as a result of federal legislation known as HIPAA (Health Insurance Portability and Accountability Act). The ALAHIS must employ state-of-the-art tools and techniques to protect patients' rights to privacy and confidentiality in accordance with HIPAA guidelines. Included should be mechanisms to acquire and manage patient consent for use and release of protected information as well as tracking and reporting all access to protected information.

Source of Data

Providers need to be assured of the validity of the data used for clinical decision support. One key to building and maintaining confidence in data depends on knowing the source of the data. Sources of data include: Patient 1st Profile, InfoSolutions, state immunization registry, pharmacy and nonpharmacy claims, and laboratory results. ALAHIS must have the ability to link data to its originating source at the data element level.

Minimum Data Content and Standards

Through the Clinical Workgroup of the ***Together for Quality*** Stakeholder Council, the ALMA will define a minimum data set that would be most likely to add value, reduce errors, and minimize costs at the point-of-care (this is data considered the claims-based electronic health record, EHR). The Clinical Workgroup is reviewing, for adoption, nationally-recognized standards. The data elements included are:

Whenever possible, the ALAHIS project will use national consensus standards and data elements but not all in the first phase. The following are to be included in the first phase:

1. Patient identification information (including emergency patient information-EPI)
2. Information regarding the patient's health status, including:
    - Diagnoses
    - Allergies
    - Medications filled
    - Laboratory Results
    - Immunizations
    - Non pharmacy services
3. Formulary management information:
    - Prior authorization requirements
    - Preferred drug lists
    - Generic and therapeutic alternatives

Section 4-Your Response:

The ALAHIS team is seeking information from vendors that will assist in the development and deployment of a statewide interconnected system for patient-specific data. Specifically, this RFI seeks the following information:

1. Conceptual technical architecture alternatives.
2. Comments and discussion on technical feasibility and alternatives.
3. List of major architectural components.
4. Approximate cost information (i.e., order of magnitude, software, hardware and other cost estimates, etc.) for alternatives including areas where lower cost alternatives (ex. open source software, commodity hardware, etc.) might be used to reduce the overall system cost and what sorts of impacts this might have on system performance, reliability, and maintenance cost.
5. Information about various telecommunications and networking technologies that could be used for this type of system and what capacity, if any, would be required for the different elements (contributing data sources, data consumers, system servers).
6. Schedule for implementation and related cost estimates including statewide development costs.
7. Any ideas and suggestions that provide alternative approaches to designing, developing, acquiring, operating, and maintaining this type of system or components including the following.
    - Disease and medication risk management
    - Patient risk scoring solutions and predictive modeling
    - Emergency Response Technology
    - Geo-mapping solutions for risk scoring or disease surveillance
    - Peer to Peer comparative support data
    - ePrescribing

RFI Questions/Requirements:

<u>General:</u>

1. Briefly describe your company, your products and services, history, and other information you deem relevant.
2. Describe the capabilities of your staff and company in supporting an ALAHIS system. Describe your process for project management and identify your usual level of on-site

involvement.

3. Provide a recent annual report. Include separate statements for the portion of your company serving the healthcare market. If your company is a subsidiary of another company, please provide the parent company financials. Include financial information for each vendor partner included in your proposed product.

Partners:

1. Name and describe all existing and potential future relationships with partners who may provide products and services that meet the ALAHIS requirements.
2. Differentiate between the role of your organization and those of your partners. What are the responsibilities associated with each partner by product and/or service?
3. Please describe any interfaces that you have already built with specific health care information systems vendors.

References:

1. Describe your experience managing HIT projects.
2. Provide references to three operational HIT systems including contact names and telephone numbers.
3. Describe current HIT projects that are similar in concept to the ALAHIS and identify current status including implementation dates. Please provide a sample design document developed for one of your projects.
4. List participant entities in these projects and describe the geographic area involved.
5. Describe the applications supported/installed and planned.
6. What economic justification data was shown to participants and were you involved in developing that data?
7. What level of application integration was necessary at each site?
8. Describe any other HIT projects undertaken in Alabama within the past two years.
9. Provide information on security and user authentication procedures.

ALAHIS Architecture and System Design:

1. Please describe your response to the architecture options posted on the web by the Technical Workgroup at www.medicaid.alabama.gov.

2. Please describe in detail, including a network diagram, the architecture of the solution you would like to propose for the ALAHIS and how it/you would meet the system criteria outlined herein. Discuss the capability for the solution to be constructed in phases and identify the type of software/equipment that would typically be deployed. Identify currently available vs. that to be developed.

Procedural Items

The page limit is _____. Your response should be limited to _____ pages. Questions and responses should be in WORD documents and emailed to carroll.nason@medicaid.alabama.gov according to the schedule on page 2.

Outcome I: Develop stakeholder consensus and capacity to maintain a broad base of support for Together for Quality implementation to assure long term sustainability.			
OBJECTIVES, TASKS AND ACTIVITIES	**FY 2007**	**FY 2008**	**RESPONSIBLE PERSON(S)**
1. Identify champions and key stakeholders for Stakeholder Council; establish membership, form workgroups	February – March, 2007		Alabama Medicaid Agency (ALMA) Sponsor Team, & Project Director
a. Develop operating rules	3/8/07		Policy Workgroup
b. Elect Co-chairs	3/8/07		All Workgroups
c. Create Workgroup Charters and Workplan	February-March, 2007		All Workgroups, Sponsor Team, Project Director
d. Develop consensus, generate vision, mission, and value statements, create an initial framework for the Alabama Roadmap	3/8/07-3/9/07		All Workgroups, eHI Consultants
e. Reach consensus on initial governance, technical, privacy, and security policies of the PDH.	March-June 2007		All Workgroups, Sponsor Team, Project Director
f. Sample survey of AL health information technology use using eHI Organization Assessment Tool (OAT)	March 2007		ALMA, all Workgroups, Technical
g. Conduct market characteristic assessment using AHIMA FORE worksheet	March 2007		Technical
h. Develop RFI	February-April 2007		Project Director, Finance, Technical
i. Complete appropriate business associate agreements and other required legal documents among partners	May 2007		Privacy
j. Reach consensus on a sustainable governance model and implement prior to October 2008 along with related legal policies for long term sustainability.	January 2008		ALMA, All Workgroups
Outcome II: A data-driven outcomes focused quality improvement pilot will be in place with documentation of selected measure improvement of at least 4 percentage points from the baseline by August 2008			
1. Provide overview for a general understanding of Pt 1st Profiling, InfoSolutions, and ePrescribing capabilities for Stakeholder Council	3/8/07		John Searcy
2. Sample survey of medical home providers to determine use and value of current electronic access to existing data; inform Stakeholder Council Clinical Workgroup of results.	3/8/07		Kim Davis-Allen, Pt 1st and Communications & Education Staff
3. A claims-based, individual electronic health record (EHR) database for use by medical home providers in will be populated by March 2007.	3/30/07		ALMA Sponsor Team, Partners, Technical

4. Medicaid nonpharmacy claims data and laboratory results will be added to the database.	March-April 2007		ALMA and Technical
5. Explore feasibility of expanding database by importing additional lab data from hospitals' labs	June 07		
6. The ALMA quality improvement organizational structure will be in place by February 2007 and case management protocols developed by 5/07 for implementation by July 2007	2/07-7/07		Alabama Medicaid Agency (ALMA) Sponsor Team, & Project Director
7. Evidence based quality measures will be selected by May 2007	5/07		Clinical
8. Baseline data determined	6/07		
9. Algorithms and tools will be created by July 2007	7/07		Clinical
10. QI process initiated and results reviewed.	7/07		ALMA, Clinical, Project Director
11. A 30% ECST saturation of ALMA medical home providers will be obtained by June 2007	6/07		ALMA, Clinical, Project Director
12. Enhance, test ECST	9/07		ALMA, Clinical, Project Director
13. Develop promotional and distribution plan for ECST	9/07		ALMA, Clinical, Project Director
14. Conduct statewide discussion forums with medical home providers	10/07		ALMA, Clinical, Project Director
15. Distribute the ECST to medical home providers.	10/07		ALMA, Clinical, Technical, Project Director
16. Provide onsite technical assistance and education to ECST pilot medical home providers	Ongoing		ALMA, Clinical, Technical, Project Director
17. Obtain 50% ECST saturation of medical home providers by end of Grant Year two	9/08	9/08	ALMA, Clinical, Technical, Project Director
Outcome III: A statewide, shared interoperable health information system will be in place and successfully utilized by ALMA and at least one other HHS agency by October 2008.			
2. A statewide, central, shared interoperable information system will be in place by March 2008.		3/08	Technical
3. Identify the participating HHS agency			Policy
a. Establish parameters for agency choice	3/8/07		Privacy
b. Choose agency	<June, 2007		Stakeholder Council
4. Release Request for Information (RFI)	4/1/07		ALMA
5. Review RFI responses	May 2007		Technical, Clinical, Finance, ALMA
6. Prepare and initiate ITB process	June 2007		Technical, Clinical, Finance, ALMA
7. Establish the ALAHIS operating environment a. Design communication linkages between the participating partners	Dates for this activity will be the	3/08	Technical, ALMA

b. Implement communication linkages between the participating partners c. Create Master Patient Index for all patients/clients served by partners d. Establish representative data validation and integrity enhancement processing e. Populate database to support transactions among partners f. Implement transaction mapping to support care management and related services among partners.	same as dates that are contained within the ITB		
8. Pilot utilization of PDH by ALMA and one other HHS agency by May 2008		5/08	Clinical
9. Develop a process, in partnership with Federally Qualified Health Centers, Rural Health Clinics and hospital emergency rooms to create health records for uninsured individuals.		3/08	Clinical and Technical
10. Identify opportunities for data sharing improvement and interventions by March 2008		3/08	Clinical
11. Evaluate interoperability and user acceptance by August 2008.		8/08	Clinical and Technical
12. Establish online disaster network by August 2007	8/07		Technical
8. Opportunities for improvement and intervention will be identified by July 2007	7/07		ALMA and related workgroups
9. Interventions implemented by August 2008 as needed		8/08	ALMA and related workgroups
10. Complete final evaluation and report by December 2008		12/08	Project Director
Note: This table will be updated during the March 8-9, 2007 **Stakeholder Council** meeting**.**			